

Degree of satisfaction of puerperal women about the quality of care in Rooming-in of a Public Maternity

Figueiredo, Mariana da Silva de; Silva, Richardson Augusto Rosendo da; Oliveira, Dayanne Kallyne Moraes de Araújo; Vieira, Natalia Raiane Silva; Costa, Danyella Augusto Rosendo da Silva; Davim, Rejane Marie Barbosa

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:

Figueiredo, M. d. S. d., Silva, R. A. R. d., Oliveira, D. K. M. d. A., Vieira, N. R. S., Costa, D. A. R. d. S., & Davim, R. M. B. (2015). Degree of satisfaction of puerperal women about the quality of care in Rooming-in of a Public Maternity. *Revista de Pesquisa: Cuidado é Fundamental Online*, 7(3), 2697-2706. <https://doi.org/10.9789/2175-5361.2015.v7i3.2697-2706>

Nutzungsbedingungen:

Dieser Text wird unter einer CC BY-NC Lizenz (Namensnennung-Nicht-kommerziell) zur Verfügung gestellt. Nähere Auskünfte zu den CC-Lizenzen finden Sie hier:
<https://creativecommons.org/licenses/by-nc/4.0/deed.de>

Terms of use:

This document is made available under a CC BY-NC Licence (Attribution-NonCommercial). For more Information see:
<https://creativecommons.org/licenses/by-nc/4.0>

Federal University of Rio de Janeiro State



Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Grau de satisfação de puérperas quanto à qualidade da assistência no Alojamento Conjunto de uma Maternidade Pública

Degree of satisfaction of puerperal women about the quality of care in Rooming-in of a Public Maternity

Grado de satisfacción de puérperas cuanto a calidad de la asistencia en el Alojamiento Conjunto de una Maternidad Pública

Mariana da Silva de Figueiredo¹, Richardson Augusto Rosendo da Silva², Dayanne Kallyne Moraes de Araújo Oliveira³, Natalia Raiane Silva Vieira⁴, Danyella Augusto Rosendo da Silva Costa⁵, Rejane Marie Barbosa Davim⁶

ABSTRACT

Objective: to identify the degree of satisfaction of puerperal women regarding the Quality of Care (QOC) in Rooming-in (RI) of a public maternity. **Method:** descriptive quantitative research with 351 women who answered a structured interview that obeyed legal procedures for research involving human beings. Data analysis was performed by means of the Likert scale. The study was approved by Ethics Research Committee of the Federal University of Rio Grande do Norte, under the Protocol No. 034/11-P and certificate presentation to Ethics Assessment nº. 0043.0.051.000-11. **Results:** there was satisfaction with the care, multidisciplinary team, guidelines, visiting hours and dissatisfaction for the indicators: physical structure, privacy, comfort and ventilation. **Conclusion:** it is concluded that most users are satisfied with the health services although there were complaints with the ambiance. The opinion of the mothers is important and reflects the actions that have been developed in the health sector, directing to a planning that offers quality, once that the RI is characterized as a hospital system and should provide cozy space with comfort, privacy, infrastructure to have adequate assistance. **Descriptors:** Puerperium, Quality of health care, Rooming-in care, Midwifery.

RESUMO

Objetivo: identificar o grau de satisfação de puérperas quanto à Qualidade da Assistência (QA) no Alojamento Conjunto (AC) de uma maternidade pública. **Método:** pesquisa descritiva quantitativa com 351 mulheres que responderam uma entrevista estruturada que obedeceu aos transmite legais de pesquisa em seres humanos. A análise dos dados foi feita por meio da escala de Likert. O estudo foi aprovado pela instituição e pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte, com o protocolo de nº 034/11-P e Certificado de apresentação para Apreciação Ética nº 0043.0.051.000-11. **Resultados:** observou-se satisfação quanto ao acolhimento, equipe multiprofissional, orientações, horários de visitas e insatisfação para os indicadores: estrutura física, privacidade, conforto e ventilação. **Conclusão:** conclui-se que a maioria das usuárias está satisfeita com os serviços de saúde apesar de existir queixas com a ambiência. A opinião das puérperas é importante e reflete nas ações que vêm sendo desenvolvidas no setor saúde, direcionando a um planejamento que oferte serviço de qualidade, tendo em vista que o AC caracteriza-se como um sistema hospitalar e deve proporcionar espaço acolhedor com conforto, privacidade e infraestrutura para se ter uma assistência adequada. **Descritores:** Puerpério, Qualidade da Assistência à Saúde, Alojamento conjunto, Enfermagem obstétrica.

RESUMEN

Objetivo: identificar el grado de satisfacción de mujeres que ha dado a luz cuanto a Calidad de la Asistencia (QA) en el Alojamiento Conjunto (AC) de una maternidad pública. **Método:** investigación descriptiva cuantitativa con 351 mujeres que contestaron una entrevista estructurada que obedeció a los transmite legales de investigación en seres humanos. El análisis de los datos fue hecho por medio de la escala de Likert. El estudio fue aprobado por la institución y por el Comité de Ética en Investigación de la Universidade Federal do Rio Grande do Norte, con el protocolo de nº 034/11-P y Certificado de presentación para Apreciação Ética nº 0043.0.051.000-11. **Resultados:** se observó satisfacción cuanto al acogimiento, equipo multiprofesional, orientaciones, horarios de visitas e insatisfacción para los indicadores: estructura física, privacidade, conforto y ventilación. **Conclusión:** se concluye que a maioria de las usuarias está satisfecha con los servicios de salud a pesar de existir quejas con el ambiente. La opinión de las de mujeres que ha dado a luz es importante y reflete en las acciones que están siendo desarrolladas en el sector salud, direccinando a un planeamiento que ofrece servicio de calidad, teniendo en vista que el AC se caracteriza como un sistema hospitalario y debe proporcionar espacio acogedor con conforto, privacidade e infraestrutura para tener una asistencia adecuada. **Descritores:** Puerperio, Calidad de la asistencia a la salud, Alojamiento conjunto, Enfermería obstétrica.

¹Nurse. Federal University of Rio Grande do Norte/UFRN. Email: marianafigueiredossu@hotmail.com; ²Nurse. PhD in Health Science. Professor of Graduation course and Nursing Post Graduation Program (Academic Master's and Doctorate)/PPGENF the Nursing Department of the Federal University of Rio Grande do Norte/UFRN. Member of the Research Group Practices Relief and Epidemiology in Health and Nursing/PAESE/UFRN. Email: rirosendo@yahoo.com.br; ³Nurse. University Integrated Patus/FIP. Email: daykallyne@hotmail.com; ⁴Nurse. Federal University of Rio Grande do Norte/UFRN. Email: nataliaravieira@hotmail.com; ⁵Nurse. Federal Institute of Education, Science and Technology of Rio Grande do Norte/IFRN. Master in Nursing by the Graduate Program in Nursing/PPGENF the Nursing Department of the Federal University of Rio Grande do Norte/UFRN. Email: danyellaugusto@yahoo.com.br; ⁶Nurse. PhD in Health Sciences. Professor. Department of Nursing and the Graduate Program in Nursing/PPGENF the Federal University of Rio Grande do Norte/UFRN. Email: rejanemb@uol.com.br

INTRODUCTION

The Rooming-IN Care (RIC) is an environment of fundamental importance where the nurse provides care and gives continuity to the actions initiated in prenatal service, promotes proper guidance, ensures security to postpartum women and newborn (NB) in the post-delivery care. It is a space for mother/son with a minimum of 48 hours and routine techniques to postpartum women are performed. Nurses should pursue in RIC actions for mother-child-family, such as: promotion of exclusive breastfeeding (EBF); answering questions to the mother about consultations in the growth and development (GD), immunization and family planning.¹

In this context, the puerperal woman feels welcomed by the show of interest by professionals, resulting in effective interaction. When the welfare and care are not met, the postpartum woman will notice sensations of contempt, humiliation and neglect about her. In full assistance to women and children after delivery, professionals should be alert to the proper needs of both, with a focus on professional-puerperal-family human relationship. This relationship will only be effective with the necessary human resources in appropriate quantitative and qualitative terms.²

In this sense, education and guidance to health are essential to the role of mother, which do not require major procedures, administered with minimal nursing care, with communication skills, availability, monitoring, evaluation and attitude of welcoming.²

Therefore, it is necessary the participation of users in the evaluation of these guidelines and services offered, not being measured only by managers but by the recipients of health services.³

Thus, humanization is only possible if it is based on mutual respect and expressed by gestures of love, trust, listening, taking care and watching.⁴

The ideal care is an ongoing process in which the search for improvements characterizes the quality of health care and users' satisfaction. This satisfaction is generated through positive feelings related to the way in which assistance was provided. It is in this view that studying the perception of users assessing the quality of care is becoming important, although there is no consensus to measure it. Thus, an evaluation system of user satisfaction makes it important to management strategies.⁵

A study in a Japanese maternity aimed to analyze and compare the evaluations of mothers, whether immigrant or native, as the quality of care in maternity.⁶ Also related to the quality of care the mothers in the RIC, a study conducted in a public hospital of Natal, in the state of Rio Grande do Norte, identified that, so that we can provide quality care to women, it is necessary that changes are made to the care for postpartum women, caregivers and family members from the adjustment of the structure to the changing attitude of health professionals.⁷

In this perspective, this study represents an important step towards the construction of indicators necessary for the planning of measures to improve the quality of care for mothers and their newborns in RIC, as well as it supports future research to adapt to the needs of unmet demand, taking into account the humanized systematization of nursing care (SNC) promoted by the Unified National Health System (SUS, in Portuguese). It is believed that the evaluation of the care to mothers is relevant, as they will be able to expose their opinion about the care being received and this favors visualization of the points to be improved in order to allow correct and change established routines. Because of so many news in media about overburdened maternities, it is important to conduct a study in order to allow identification of flaws, regarding service and infrastructure of hospitals, which impair compliance with mothers.

Finally, the study aimed to identify the satisfaction of mothers on the Quality of Care offered in a RIC of a public maternity.

METHOD

This is a quantitative descriptive study that was mainly focused on QOC offered to postpartum women in RIC, developed during the months of November 2011 to April 2012, at the RI of Maternity Hospital Januário Cicco (MEJC) of the Hospital Complex of the Federal University of Rio Grande do Norte (UFRN). The MEJC has the Child Friendly Hospital designation, since it develops a work directed to humanized delivery by all staff within this hospital unit, following the precepts of the National Program for Humanization of Hospital Care (PHNAH, in Portuguese), with exclusive service by SUS.

The RIC consists of 26 beds, and houses on average of 330 mothers/month, totaling 3960 mothers/year. The sample consisted of mothers admitted to the RIC of MEJC through simple random, of proportional representation, with a sampling error of 5% and a reliability of 95%, thus constituting a sample of 351 participants. We considered the following inclusion criteria: women with a minimum of 12 hours of physiological puerperium, having their NB alive, regardless of the mode of delivery. It is appropriate to collect data of women with a minimum of 12 hours postpartum, because we consider that this is sufficient time for them already be in physical and emotional conditions to express their opinion as to the QOC in the RIC of the institution concerned.

We considered the ethical principles contained in the Resolution of the National Health Council (CNS). Prior to data collection, the research was approved by the institution and by the Research Ethics Committee of UFRN (CEP-UFRN), under the number of protocol 034/11 P-CEP/UFRN and CAAE 0043.0.051.000-11.

The instrument for data collection consisted of a structured interview consisting of two stages: the first related to the socio-demographic variables of the respondents and the second as the QOC offered by health professionals in the RIC. The interview was conducted

individually, previously explaining the purpose of the study and requesting signing the informed consent form (ICF) for those who agreed to participate, given the CNS resolution to carry out the research with human beings ensuring anonymity of the interviewees, as well as the withdrawal at any time of the survey. For considered adolescents under 18 years old, the ICF was signed by their legal representatives.

The results collected were organized in electronic database by typing in Microsoft Excel 15.0 spreadsheet. In this process, they were coded and tabulated in tables and figure with their respective percentage distribution. The analysis of the information collected was performed using descriptive statistics with absolute and percentage frequencies. Then, to quantify the answers, we used an adaptation of Likert scale with graduations from 1 to 5 points, the number 1 meaning very dissatisfied, 2 dissatisfied, 3 indifferent, 4 satisfied and 5 very satisfied.

It is recommended to use the Likert scale when it is set in the interview the use of categories and most often in opinion polls in which it is requested that the interviewed subject expresses their degree of agreement with the question and the scale range is given by averaging the responses. Thus, the Likert Scale is one of the most popular ways to measure attitudes and/or behaviors of someone, using answers ranging from one extreme to another, allowing discovering users' levels of opinion on the quality of various services.⁸

RESULTS AND DISCUSSION

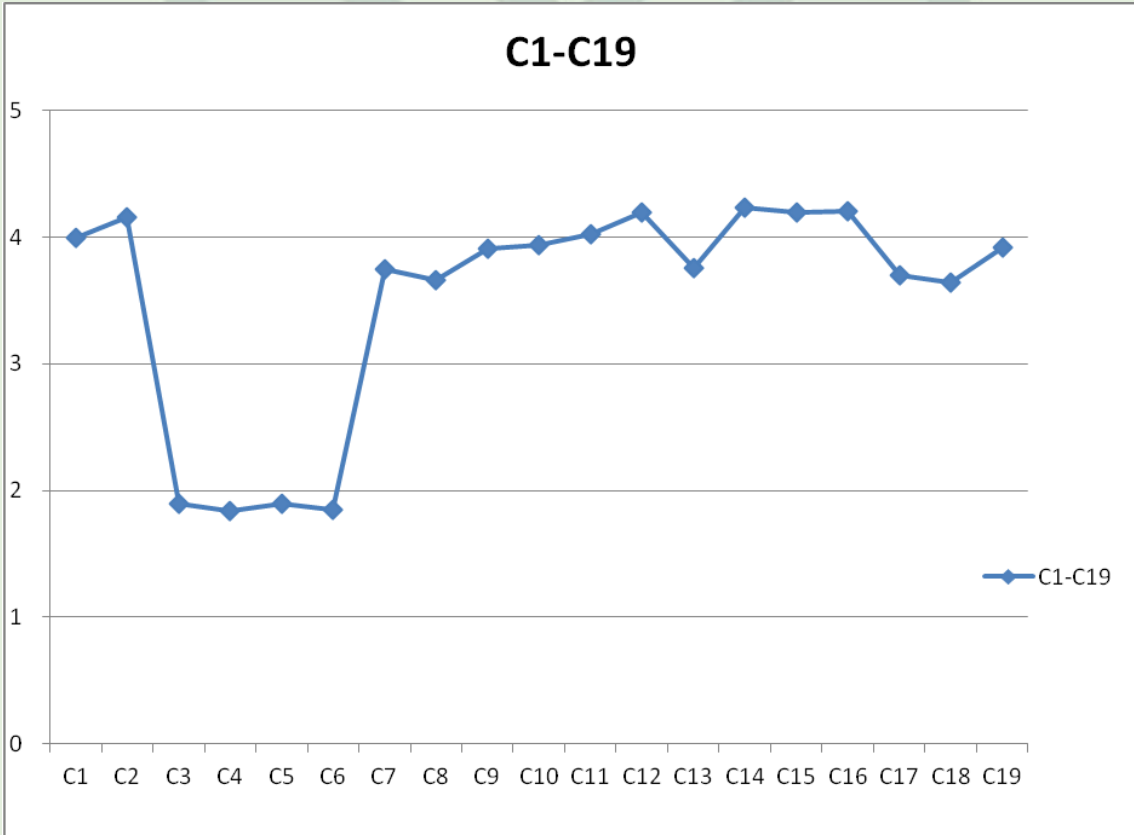
Table 1. Distribution of the degree of satisfaction of mothers about the quality of care received in rooming-in of Maternity Hospital Januário Cicco, Natal/RN, 2014.

	VD	DIS	IND	S	VS
Welcome	3%	4%	15%	46%	32%
Receipt of professional	5%	3%	8%	41%	43%
Rooming-in	52%	26%	8%	7%	7%
Privacy	56%	26%	3%	10%	5%
Ventilation	57%	17%	10%	11%	5%
Comfort	54%	27%	5%	8%	6%
Cleaning/Hygiene	7%	5%	19%	44%	25%
Professional guidelines	8%	12%	16%	35%	29%
Food	5%	5%	17%	41%	32%
Monitoring the first breast-feeds	7%	8%	10%	36%	39%

Clinical examination in RI	6%	6%	10%	36%	42%
Visiting hours	2%	3%	9%	45%	41%
Attention of professionals with user requests	7%	5%	20%	41%	27%
Medical consultation	2%	3%	10%	39%	46%
Nursing visit	3%	2%	11%	42%	42%
Pediatric visit	4%	5%	8%	34%	49%
Social Worker visit	8%	13%	12%	36%	31%
Guidance in self-care	8%	14%	14%	34%	30%
Guidance in caring for newborns	6%	9%	12%	34%	39%

Legend: VD-Very Dissatisfied; DIS-dissatisfied; IND-indifferent; S-Satisfied; VS-Very Satisfied.

Figure 1. Mean of characterization of the degree of satisfaction of mothers about the quality of care received in rooming-in of Maternity Hospital Januário Cicco, Natal/RN, 2014.



Legend: C1- Embracement; C2 - Receptivity of professionals; C3- Rooming-in; C4- Privacy; C5- Ventilation; C6- Comfort; C7- Cleaning/Hygiene; C8- Professional guidelines; C9- Food; C10- Monitoring the first breast-feeds; C11- Clinical examination in RI; C12- Vsiting hours; C13- Attention of professionals with user requests; C14- Medical consultation; C15- Nursing visit; C16- Pedriatic visit; C17- Social worker visit; C18- Guidance in self-care; C19- Guidance in caring for newborns.

Also related to the interview, it was questioned whether there would be any complaints. Of the 351 women interviewed, 66% did not express complaint, but 34% said yes. Of these, 30% complained of no privacy bathroom structure, 23% stressed physical structure of the accommodation (comfort, little space between the beds, lack of beds, etc.), 28% highlighted the multidisciplinary care (lack of identification in performing the visit, lack of explanation on what is happening with postpartum woman or NB) and 19% had other complaints.

By analyzing the socio-demographic characteristics of the study mothers, similar results to the general population of public maternities users were found. The age group with the highest prevalence was among young women who were an average of 20 to 30 years old; who live with their partner in a stable relationship with family income between one to two minimum wages. As for education, the majority reported having completed high school and came from interior cities of the state. The most representative religion was Catholic. These data corroborate with those found in studies with mothers of other maternities.^{3,7-9}

According to the results related to QOC in the RIC, the welcome was considered satisfactory by the puerperal women and the environment as providing the physical space, professional and social conditions, as well as interpersonal relationships as welcome, resolute and human care, directed to a health project, following the guiding principle that includes not only medical technologies as elements that promote comfort and user privacy, comes from confrontation to a study performed at a public maternity of Santa Cruz, Rio Grande do Norte State.⁷

It is therefore crucial that, in welcome, health professionals find space for their potential and understanding of forms of action, focusing not only the psychological aspects but also the rest of the organic and social context of the users.¹⁰

In a qualitative research conducted in southern Brazil from July 2008 to October 2009 it was identified that users in their statements reported the need of good welcome and patience by health professionals and to respect the time of each facing their needs, which does not match nor collaborates with what is proposed in the routines and protocols of Ministry of Health.¹¹

With regard to privacy, we identified a lot of dissatisfaction, as the wards have three beds for a small space housing the users, their newborns, caregivers and family at the time of visit. Also, the bathrooms are not adequate to privacy of mothers for organizational and management reasons. Another prominent factor was the clustering of students, for it is a teaching hospital.

Respect for privacy is considered important aspect as it causes discomfort and insecurity to users when this aspect is not observed, especially, in university hospitals, with the continuous presence of academics weakening service front what is recommended by the Ministry of Health for the humanization of care.¹¹

The ventilation of the RIC was seen with a lot of dissatisfaction by the users, which considered the environment for the infants without ideal conditions, especially temperature, humidity and air quality, becoming necessary alternatives to minimize this issue such as providing sun entering in its interior as well as controlling excess of it, airy environment with direct ventilation and exhaustion.

A survey conducted in 2010 in the municipality of Santa Cruz/RN, Trairi Region, at the University Hospital Ana Bezerra, UFRN (HUAB/UFRN) on QOC in RI, aimed to know the opinion of the mothers on the theme, demonstrated that they suggested as a way to improve that quality improvements in both meals and room ventilation, which are suggestions directly linked to quality and humanization concepts.⁷

Regarding the comfort, cleanliness and hygiene in the RIC, these items were criticized, evidencing dissatisfaction in these issues. According to a study in a maternity hospital located in São Paulo, it was observed that despite the RIC, since its construction, the physical area is in conflict with the standard for implementation of this sector for not respecting the proper conditions for the care with the mother-child due to inadequate physical space, impairing the comfort and care offered with necessary interventions prevented from being developed with efficiency.¹²

With regard to questions about the food offered at the institution, mothers reported it as positive for evaluation. It is considered that, in postpartum, mothers attribute importance on quality of nutrition provided, since labor brings exhaustion, requiring quality and satiable food to meet the nutrition Basic Human Needs (BUN).¹³

According to the mothers, the visiting hours was considered satisfactory and justified to receive visits from 8 am until 8 pm, which facilitated to forget that moment of hospital ambience as the caregiver and loved ones were always close.

Visiting hours is a correct and important device in the SUS humanization policy. However, for this insertion process in the social network of hospitals is efficient, it is necessary that the health team participates in the process regarding the incorporation of changes and do not leave this responsibility only to the managers of institution.¹⁴

Self-care is presented as free choice and autonomy of actions about oneself that maintains good quality of life by reducing the risk factors for diseases and that is related to the guidance on these actions. In the postnatal period, there is an intensified need on these guidelines, because that promotes support for facing this phase. Research has shown that the puerperal women studied showed adequate knowledge on correct practices of self-care in the postpartum period, but still need stimuli for their completion. It was also noted that they had received guidance from the staff, concluding that the nurse plays an important role in health promotion, which corroborates this research.¹⁵

The nurse must not only be concerned with the generation of a satisfaction of their assistance/technical care, but also seek to achieve educational work throughout the pregnancy and childbirth, considering that this way they work by stimulating self-care and enable women self-sufficiency in the postpartum period, recognizing the role of the nurse in this period.¹⁵

In this study, nursing care was assessed as satisfactory. A study in a Women's Hospital evaluated the satisfaction of puerperal women in nursing care in the RIC. This study highlighted that all participants reported high satisfaction with nursing care, judging the technical and professional domain and confidence, seen in a range from 1.0 to 5.0 points. The added mean was 3.7 points, which attests to the current research.¹⁶

A literature survey in Lilacs database to analyze the role of the multidisciplinary team found that certain teams did not work together, which causes division of professional care.

So that care is made successfully and educational actions to health promotion are to succeed, there must be integration, rapport and interest between the multidisciplinary health care team and the postpartum woman's family. Professionals should be able to give information to the mother and family about the user's health, promote educational activities and guide for self-care.¹⁷

A cross-sectional study assessing satisfaction with care in the RIC of the University Hospital/UFC maternity showed that information is essential for the process of trusting in the team, since more than 90% of women felt completely secure and informed with regard to measures taken to their self-care and their child. Responses received regarding these issues were associated with positive satisfaction during labor. The importance of effective assistance can promote safety for that moment. The woman's relationship with the team is important because it promotes comfort and proper care making the experience satisfactory.¹⁸

CONCLUSION

For indicators of quality of care in the RIC of the institution concerned, it was observed that the mothers evaluated the assistance satisfactorily; however, in the issue of physical structure, privacy, ventilation and comfort, we observed several complaints, showing dissatisfaction with the unit's facilities. It is noteworthy that the latter are seen as key points for a humanized care, influencing considerably in providing care for the entire health team. The hospitals are environments that aim beyond health maintenance, rehabilitation of users in which welfare is classified as essential to maintain the balance of health. Besides being spaces of harmony for interpersonal relationships between professionals, users and family, they should promote quality care.

The survey questions that most contributed to the satisfaction of the users are related to multidisciplinary care, welcome, visiting hours, food and guidelines, but it is necessary to stress that complaints related to the team as lack of identification at the time of the visit, lack of information as the health of the newborn and postpartum women were raised. It is understood, therefore, that this study provides reflection by professionals and promotes change in health care actions, following policy proposals on health care for women and children.

The user perception is essential in public health, because it enables to rethink the professional practice or perform interventions on the form of organization of services, to their improvement. Through a review of the services of a public hospital by the look of the mothers it was possible to know the real needs of users and the factors that meet with health policies imposed by Ministry of Health.

Thus, it confirms that SUS, despite the great progress that has been achieving, still needs improvement in its organization so that its implementation process and principles are

effective. Finally, it is hoped that these findings may contribute to rethink the care provided to puerperal women in their particularities and the diversity of situations in which they are and that the results may stimulate reflections favoring changes in dissatisfaction and thus meet the actions proposed by the SUS care model.

REFERENCES

1. Nóbrega LLR, Bezerra FPF. Percepção de puérperas adolescentes frente à assistência de enfermagem no alojamento conjunto. *Rev. Rene* 2010; 11(n. esp.):42-52.
2. Soares AVN, Gaidzinski RR, Cirico MOV. Identificação das intervenções de enfermagem no sistema de alojamento conjunto. *Rev Esc. Enferm USP* 2010; 44(2):308-17.
3. Queiroz MVO, Jorge MSB, Marques JF, Cavalcante AM. Indicadores de qualidade da assistência ao nascimento baseados na satisfação de puérperas. *Texto contexto - enferm.* [Internet]. 2007; 16(3). [acessado em 2012 ago 19]. Available from: http://www.scielo.br/scielo.php?pid=S0104-07072007000300014&script=sci_arttext
4. Wolf LR, Waldow VR. Consented violence: women in labor and delivery. *Saúde soc* [internet] 2008; 17(3):138-51. [cited 2014 fev 26]. Available from: <http://www.scielo/pdf/saudesoc/v17n3/14pdf>
5. Cruz WBS, Melleiro MM. Análise da satisfação dos usuários de um hospital privado. *Rev Esc Enferm USP* [internet] 2010; 44(1): 147-153 .[cited 2014 fev 28]. Available from: <http://www.scielo.br/pdf/reeusp/v44n1/a21v44n1.pdf>
6. Igaraschi Y, Horiuchi S, Porter SE. Immigrant's Experiences of Maternity Care in Japan. *J Community Health* [internet] 2013; 38: 781-90 [cited 2014 fev 28]. Available from: <http://link.springer.com/content/pdf/10.1007/s10900-013-9679-8.pdf>
7. Davim RMB, Araújo MGP, Galvão MCB, Gomes AP, Mota GM. Qualidade da assistência em alojamento conjunto: opinião de puérperas. *Rev Enferm UFPE on line.* [Internet]. 2010; 4(1):262-69.[cited 2012 SET 18]. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewFile/772/pdf_319
8. Escala de Likert explicada. SurveyMonkey. [Internet]. 2014. <http://pt.surveymonkey.com/mp/likert-scale/>
9. Odinino NG, Guirardello EB. Satisfação da puérpera com os cuidados de enfermagem recebidos em um alojamento conjunto. *Texto contexto - enferm.* [Internet]. 2010;19(4). [cited 2012 set 16]. Available from: http://www.scielo.br/scielo.php?pid=S0104-07072010000400011&script=sci_arttext
10. Leite L, Lobo B, Lima NS, Mengarda CF. Acolhimento multiprofissional em estratégia de saúde da família: espaço de atuação para o profissional psicólogo. [Internet]. *Rev de Psic da IMED* 2010; 2(1):276-87 [cited 2012 fev 26]. Available from: <http://www.seer.imed.edu/index.ph./revistapsic/article/view/39/38> .
11. Enderle CF, Kerbe NPC, Susin LRO, Gonçalves BG. Parto de adolescentes: elementos qualitativos da assistência. [Internet]. *Rev Esc Enferm USP* 2012; 46(2):287-94 [cited 2012 fev

- 26]. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342012000200004&lng=pt&nrm=iso&tlng=pt
12. Faria AC, Magalhães L, Zerbetto SR. Implementação do alojamento conjunto: dificuldades enfrentadas na percepção de uma equipe de enfermagem. *Rev eletr enferm*. [Internet]. 2010;12(4):669-77. [cited 2012 set 18]. Available from: http://www.fen.ufg.br/fen_revista/v12/n4/v12n4a11.htm
13. Almeida MS, Silva IA. Necessidades de mulheres no puerpério imediato em uma maternidade pública de Salvador, Bahia, Brasil. [Internet]. *Rev Esc. Enferm USP*. 2008; 42(2):347-54. [cited 2012 ago 21]. Available from: <http://www.scielo.br/pdf/reeusp/v42n2/a18.pdf>
14. Cristo RC. O acompanhante e o espaço de visita: um estudo no hospital universitário de Brasília. [tese] Universidade de Brasília; 2012 [cited 2014 fev 26]. Available from: http://repositorio.unb.br/bitstream/10482/10862/1/2012_RosilenedeCarvalhoCristo.pdf
15. Costa NS, Soares MBO, Melo MM, Parreira BDM, Silva SR. Prática do autocuidado e demandas por cuidados de enfermagem pelas puérperas. *Rev Enf Atenção Saúde*. [Internet]. 2013; 2(1):75-88 [cited 2014 fev 28]. Available from: <http://uftm.edu.br/revistaeletronica/index.php/enfer/article/view/378/394>
16. Ondinino NG, Guirardello EB. Satisfação da puérpera com os cuidados de enfermagem recebidos em um alojamento conjunto. *Texto contexto - enferm*. [Internet]. 2010;19(4):682-90. [cited 2012 set 16]. Available from: http://www.scielo.br/scielo.php?pid=So104-070720100004000011&script=sci_arttext
17. Pasqual KK, Braccialli LA, Volponi, M. Alojamento conjunto: espaço concreto de possibilidades e o papel da equipe multiprofissional. *Cogitare Enferm*. [Internet]. 2010; 15(2):334-339. [cited 2012 set 15]. Available from: <http://ojs.c3sl.ufpr.br/ojs2/index.php/cogitare/article/view/17872/11662>
18. Bruggemann OM, Monticelli M, Furtado C, Fernandes CM, Lemos FN, Gaesky ME. Filosofia assistencial de uma maternidade-escola: fatores associados à satisfação das mulheres usuárias. *Texto Contexto Enfer* [Internet]. 2011; 20(4):658-68 [cited 2014 fev 28]. Available from: <http://www.scielo.br/pdf/tce/v20n4/03.pdf>

Received on: 22/04/2014
Required for review: 11/11/2014
Approved on: 24/11/2014
Published on: 01/07/2015

Contact of the corresponding author:
Richardson Augusto Rosendo da Silva
Universidade Federal do Rio Grande do Norte, Campus Central,
Departamento de Enfermagem Rua Lagoa Nova, S/N, Natal (RN), Brasil,
78048-298. Email: rirosendo@yahoo.com.br